

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF SANTA MARIA

CALIFORNIA  
FORM  
**460**

Statement covers period from 07/01/2014 through 12/31/2014	Date of election if applicable; (Month, Day, Year) 11/08/2016	Page 1 of 4 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Offholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

## 2. Type of Statement:

- ☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
(Also file a Form 410 Termination)  
☒ Amendment (Explain below)
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

account for check not previously disclosed

## 3. Committee Information

I.D. NUMBER  
1342332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Patino for Mayor 2016

## Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Air Park Dr.

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S. College Dr., Ste. 101

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

CITY

Santa Maria

STATE

CA

ZIP CODE

93455

AREA CODE/PHONE

(805) 934-5737

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/2015

Date

Executed on 7/31/2015

Date

Executed on

Date

Executed on

Date

By Trent Benedetti

Signature of Treasurer or Assistant Treasurer

By Alice M. Patino

Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California

www.netfile.com

# Recipient Committee Campaign Statement Cover Page — Part 2

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FORM **460**

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patiño

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
2624 Airpark Drive Santa Maria CA 93455

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

**Attach continuation sheets if necessary**

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 07/01/2014 through 12/31/2014		CALIFORNIA FORM 460	
NAME OF FILER Patino for Mayor 2016		Page 3 of 4		I.D. NUMBER 1342332	

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received ..... Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0.00	\$ 0.00

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 156.97	\$ 735.17
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 156.97	\$ 735.17
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule G, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 156.97	\$ 735.17

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 1,482.48
13. Cash Receipts ..... Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	156.97
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,325.51

If this is a termination statement, Line 16 must be zero.

## 17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0.00
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	/ /
Total to Date	\$

\*Amounts in this section may be different from amounts reported in Column B.

# Schedule E Payments Made

Type or print in ink.  
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SCHEDULE E

CALIFORNIA  
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Statement covers period

from 07/01/2014

through 12/31/2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

I.D. NUMBER

1342332

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO	EA0037		80.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

80.00

SUBTOTAL \$

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 80.00
2. Unitemized payments made this period of under \$100 ..... \$ 76.97
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL \$ 156.97